

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10591271

FILING DATE

03 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		2		/		
24		/		/		
25		/		/		
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
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42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		2		/		
49		2		/		
50		2		/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	41	←	18	←		←
TOTAL CLAIMS	43		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		/		
52		2		/		
53		2		/		
54		2		/		
55		2		/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						